CPR-SS 05-01

CANDIDATE'S REPORT OF RECEIPTS AND DISBURSEMENTS

| OFFICE | USE | ONLY |
|--------|-----|------|
|--------|-----|------|

DATE STAMP

| Name of Candidat | eJohn Moore | | | | | |
|---|------------------------------------|--------------------------------------|--------------------------|---------------------------|--|--|
| Address PO BOX | 20 | County | | | | |
| Telephone | 601-591-4100 | (Fax) | 601-591-0100 | | | |
| Contact Name | | Email Address | moor5070@bellsou | ith.net | | |
| Office Sought | istrict 60 | Political Par | ty | | | |
| Check here if above is different from previous report | | | | | | |
| | | TYPE OF REPORT | | | | |
| | Annual Report | (January 1, 2008 through | gh December 31, 2 | 2008) Mandatory | | |
| | | IMPORTANT | | | | |
| Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. | | | | | | |
| Until a candidate files (b)(ii)and(iii). | s a termination report, annual and | periodic reports must still be filed | d in accordance with Mis | ss. Code Ann. \$23-15-807 | | |
| 3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. | | | | | | |
| 4) Contributions in excess of \$200 received after the reporting period but before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity. | | | | | | |
| REPORTED CONTRIBUTIONS AND DISBURSEMENTS | | | | | | |
| | Itemized | + Non - Itemized | This Period + | Calendar year-to-date | | |
| Total amount of contri | butions \$750.00 | + \$200.00 | \$950.00 | \$950.00 | | |
| Total amount of disbur | sements \$0.00 | + \$3,900.00 | \$3,900.00 | \$3,900.00 | | |
| | Total amount of | cash on hand | \$1,021.00 | | | |
| I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. | | | | | | |
| Electronic Signature on file with Mississippi SOS Office | | | | | | |
| | nline filer | | 1 | /30/2009 | | |

Authority: Refer to Miss.Code Ann. \$23-15-801 (1972) et. seq. for statutory requirements.

(Signature of Candidate)

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadline, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann.\$\$ 23-15-811 and 813(1972).

(Date)

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-359-1499

2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.

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Receipt Detail

| Contributor | Туре | Source | Date | Amount |
|---------------------------|----------|--------|------------|----------|
| United Healthcare | Monetary | PAC | 08/01/2008 | \$250.00 |
| Receipt-Non-Itemized | Monetary | | 11/01/2008 | \$200.00 |
| Georgia Pacific | Monetary | PAC | 12/01/2008 | \$250.00 |
| Axcess Financial Services | Monetary | PAC | 12/01/2008 | \$250.00 |

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Disbursement Detail

Receipient

Purpose

Date

Amount

Disbursement-Non-Itemized

12/01/2008

\$3,900.00